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TRANSMITTAL FORM	Application Number	10/668,816	
	Filing Date	09/22/2003	
	First Named Inventor	Michael Limberg MD	
	Art Unit	3626	
	Examiner Name	Sheetal Rangrej	
(to be used for all correspondence after initial filing)		Attorney Docket Number	UT09082003
Total Number of Pages in This Submission		8	

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing -related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CID	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks Responsive to Restriction Requirement dated 08/24/2007 Conformation no. 1952		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Law Office of Philip A Steiner	
Signature	<i>Philip A Steiner</i>	
Printed name	Philip A Steiner, Esq.	
Date	9/19/07	Reg. No. 47967

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:		
Signature	<i>Philip A Steiner</i>	
Typed or printed name	Philip A Steiner	Date 9/19/07

SEP 19 2007

Appl no:	10/668,816	Conformation No:	1952
Applicant:	Michael Lindberg, et al.	Examiner:	Sheetal Rangrej
Customer:	31105	Group Art Unit:	3626
Filed:	09/22/2003	Docket:	UT09082003
Title:	Healthcare management information system		

**Response to Restriction Requirement**

September 19, 2007

Commissioner for Patents  
P.O.Box 1450  
Alexandria, VA 22313-1450

Sir:

In response to Examiner's Restriction Requirement dated as mailed on 08/24/2007 and having a period for response extending through and including 09/24/2007, please make the below-identified amendments and consider the following remarks in the case:

**Amendment to the Claims** begin on page 2 of this correspondence.

**Remarks/Arguments** begin on page 7 of this correspondence